European Journal of Vascular and Endovascular Surgery 43 (2012) 617–618

Contents lists available at SciVerse ScienceDirect

European Journal of Vascular and Endovascular Surgery

journal homepage: www.ejves.com

EJVES Extra Abstracts☆

True Brachial Artery Aneurysm: A Rarity

M.T. Clarke [a,*], P.W. Waterland [a], S.S. Bahia [a], J.R. Asquith [b], A.D. Pherwani [a], J.C.L. Wong [a]

[a] *Department of Vascular Surgery, University Hospital of North Staffordshire, Newcastle Road, Stoke on Trent, Staffordshire ST4 6QG, UK*

[b] *Department of Interventional Radiology, University Hospital of North Staffordshire, Staffordshire, UK*

Introduction: Brachial artery aneurysms can occur secondary to trauma and previous arteriovenous fistulae. True brachial artery aneurysms are rare. We describe a case and review the limited literature.

Report: A 71-year-old man was found to have a large, left-sided true brachial artery aneurysm causing ischaemic symptoms distally. He underwent a successful surgical repair using a reversed basilic vein interposition graft.

Discussion: Prompt diagnosis and treatment of true brachial artery aneurysms are important to prevent hand ischaemia.

doi:10.1016/j.ejvs.2012.02.014

DOI of original article:10.1016/j.ejvsextra.2012.02.001

Available online 15 March 2012

Klippel–Trenaunay Syndrome Associated with Abdominal Aortic Aneurysm

A. Kaladji [a,*], A. Zamreek [a], G. Pinel [a,b], F. Gérard [a,b], A. Leguerrier [a,b], A. Cardon [a]

[a] *CHU Rennes, Cardiothoracic and Vascular Department, F-35033 Rennes, France*

[b] *University Rennes 1, Faculté de médecine, F-35043 Rennes, France*

The Klippel–Trenaunay syndrome is a rare disorder characterised by well-described bony and vascular (venous and lymphatic) anomalies. Its association with arterial aneurysms has only been reported in a dozen cases, in particular, in cerebral, renal and popliteal arteries. We report the case of a 35-year-old male patient, who presented with an 85-mm aorto-iliac aneurysm primarily suspected to be mycotic, in addition to a typical single lower extremity arteriomegaly. The patient was successfully treated by means of an allograft. This is considered to be the first reported case of Klippel–Trenaunay syndrome, associated with an aortic aneurysm.

doi:10.1016/j.ejvs.2012.02.015

DOI of original article:10.1016/j.ejvsextra.2012.02.002

Available online 3 March 2012

Abdominal Aortic Repair and Inferior Vena Cava Interposition in a Patient with Ruptured Aneurysm

D. Nikolov, V. Chervenkov, E. Vachev, M. Staneva, D. Gorcheva*

Department of Vascular Surgery and Angiology, Tokuda Hospital Sofia, Sofia, Bulgaria

Introduction: We report a case of a ruptured abdominal aortic aneurysm (RAAA) with atypical localisation of inferior vena cava (IVC), successfully managed with open surgery repair.

Case Report: A 52-year-old male patient presented with a 2-day duration of acute abdominal pain and acute left limb pain. Computed tomographic angiography demonstrated ruptured abdominal aortic aneurysm with massive retroperitoneal haematoma and occluded left superficial femoral artery. In addition, left-sided infrarenal IVC, ventrally crossing the aneurysmal neck, supposed difficult clamping and anastomosing. After transection of IVC, the AAA was successfully repaired with tube graft interposition. Subsequently, IVC was reconstructed with a short 20-mm Dacron graft. The patient had an uneventful recovery.

Conclusion: The case demonstrates the importance of pre-operative imaging for successful treatment of RAAA in the presence of a challenging venous anomaly and one technical decision for this type of cases.

doi:10.1016/j.ejvs.2012.02.016

DOI of original article:10.1016/j.ejvsextra.2012.02.003

Available online 14 March 2012

Migration of Gentamicin Beads into Duodenum following Treatment of Primary Infection of the Aorta

D.R. Robinson [a,*], H. Kanhere [a], B. George [b], G.L. Benveniste [a]

[a] *Department of Surgery, The Queen Elizabeth Hospital, 28 Woodville Rd., Woodville South, South Australia 5011, Australia*

[b] *Department of Gastroenterology & Hepatology, The Lyell McEwin Hospital, Elizabeth Vale, South Australia, Australia*

Introduction: Gentamicin impregnated beads have been used in the treatment and prevention of infections in vascular surgery.

Report: A patient presented with sepsis 6 years after repair of an infrarenal aortic mycotic aneurysm with an in situ polytetrafluoroethylene (PTFE) graft and implanted gentamicin beads. Several beads migrated into the duodenum resulting in a paraprosthetic sinus. The patient was successfully treated with duodenal resection and Roux-en-Y anastomosis.

Discussion: This report highlights a serious complication relating to the implantation of gentamicin beads in the retroperitoneum. We would advocate aggressive debridement and coverage of the infected field with well-vascularised tissue rather than permanent gentamicin bead implantation.

doi:10.1016/j.ejvs.2012.02.017

DOI of original article:10.1016/j.ejvsextra.2012.02.004

Available online 3 March 2012

☆ Full articles avilable online at www.ejvesextra.com